

Colon Polyp Referral Guideline: Surveillance timeline

Diagnosis/Definition

- A polyp is any mucosal projection, but only adenomas need to be referred for surveillance colonoscopy. (Hyperplastic polyps are considered "normal").

Initial Diagnosis and Management

- If seen at the time of colonoscopic examination, polyps are biopsied (removed) to determine histology and prevent growth.
- Barium enema is usually not indicated for the diagnosis or follow-up of a polyp in patients suitable for colonoscopy.
- FOBT has NO ROLE in the surveillance of colon polyps and is not recommended.

Ongoing Management and Objectives

- Periodic follow-up (surveillance) as indicated below.

Indications for Specialty Care Referral

- Adenomatous polyps:
- Colonoscopy should be done every 5 years after 2 or fewer adenomas are removed if none are greater than 1 cm in size.
- Greater than 3 adenomas, adenomas greater than 1-2 cm or of vilious histology should have a colonoscopy every 3 years (3-5 years)
- With a history of "polyps", type unknown and/or pathologic report can't be obtained, assume them to have been adenomas.
- All polyps or masses found by barium enema need referral for colonoscopy.
- Hyperplastic polyps do not need referral!

Criteria for Return to Primary Care

- At completion of colonoscopy, an appropriate surveillance interval will be documented.